

# GIC Health Plan Rates – Monthly Rates *as of July 1, 2010*

## For THE TOWN OF STONEHAM ENROLLEES



Commonwealth of Massachusetts  
Group Insurance Commission

### Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

*Includes 0.33% Administrative Fee*



	TEACHER Who Retired Before July 1, 2009			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 41.62	\$ 99.89	15%	\$ 62.43	\$149.84
Fallon Community Health Plan Select Care	10%	49.93	119.82	15%	74.89	179.74
Harvard Pilgrim Independence Plan	10%	60.50	147.78	15%	90.75	221.66
Harvard Pilgrim Primary Choice Plan	10%	48.02	117.28	15%	72.02	175.92
Health New England	10%	41.54	102.97	15%	62.31	154.45
Tufts Health Plan Navigator	10%	58.18	141.27	15%	87.27	211.90
Tufts Health Plan Spirit	10%	46.18	112.12	15%	69.26	168.17
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	41.49	109.94	15%	62.23	164.91
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	10%	80.65	188.30	40%	322.60	753.19
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	76.94	179.68	40%	307.74	718.70
UniCare State Indemnity Plan/ Community Choice	10%	40.80	97.91	15%	61.19	146.86
UniCare State Indemnity Plan/PLUS	10%	56.28	134.32	15%	84.43	201.48

### Retirees and Survivors *WITH MEDICARE*

	TEACHER Who Retired Before July 1, 2009		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
HEALTH PLAN	%	\$	%	\$
Fallon Senior Plan*	10%	\$ 22.62	15%	\$ 33.94
Harvard Pilgrim Medicare Enhance	10%	37.95	15%	56.92
Health New England MedPlus	10%	36.34	15%	54.50
Tufts Health Plan Medicare Complement	10%	35.19	15%	52.79
Tufts Health Plan Medicare Preferred*	10%	22.32	15%	33.48
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	10%	36.33	40%	145.30
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	35.27	40%	141.03

\* Rates are subject to federal approval and may change January 1, 2011.

*Rates are Calculated by the Town of Stoneham Benefits Office.*

**Rate questions? Call: Municipal Benefits Coordinator 781.279.2620  
Payroll/Benefits Coordinator, Stoneham Schools 781.279.3802 X301**